R56106
STEIN
ISADORE

OCCUPATIONAL HISTORY FORM

THIS FORM IS TO BE COMPLETED FOR EACH MEMBER OF THE ARMED FORCES. THE INFORMATION SOUGHT IS FOR THE USE OF GENERAL ADVISORY COMMITTEES ON DEMOBILIZATION AND REHABILITATION, A COMMITTEE SET UP BY THE GOVERNMENT OF CANADA TO STUDY PLANS FOR ESTABLISHING IN INDUSTRIAL LIFE THE MEMBERS OF THE ARMED FORCES, AFTER DISCHARGE. ACCURACY AND COMPLETENESS IN ANSWERING WILL BE OF MUCH HELP TO THE COMMITTEE.

PLEASE READ CAREFULLY THE INSTRUCTIONS GIVEN ON THE INSIDE OF COVER BEFORE COMPLETING FORM

PLEASE LEAVE BLANK

Section A—GENERAL INFORMATION

1. (a) Print name in full: ISADORE STEIN (b) Reg'l. No. 56106
2. (a) Arm of service: R.C.A.F. (b) Unit: No. 1 (M) DEPOT (c) Rank: SGT.
3. (a) Date of birth: 15/12/15 (b) Have you any dependents? NO (c) Place of residence at time of enlistment: MONTREAL, Q
4. (a) Place of enlistment: MONTREAL, QUE. (b) Date of enlistment: 22/6/40

Section B—EDUCATION AND TRAINING

5. (a) State age on finally leaving school: 17 (b) Were you attending school or college up to the time of enlistment? NO
6. State definitely highest standing reached at public, technical or high school (for instance—"4 years, Public School", "two years, High School", "Junior Matriculation", or "4 years technical course in printing", etc.): JUNIOR MATRICULATION
7. If you attended a university, give name of university and standing or degree secured:
8. (a) Did you ever enter upon a trade apprenticeship? NO (b) If so, for what occupation? — (c) Did you finish it? — (d) If you did not finish it, how long did you serve at it? —
9. (a) What languages do you speak fluently? ENGLISH (b) What languages do you read well? ENGLISH

Section C—EMPLOYMENT CONDITION AT TIME OF ENLISTMENT

10. (a) State whether you were WORKING or NOT WORKING at time of enlistment. (Enter here only "Working" or "Not Working", as case may be; particulars are asked for below): WORKING (b) At time of enlistment of what trade union or professional society were you a member? NONE

Section D—PARTICULARS CONCERNING THOSE WHO WERE UNEMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 11 TO 17 REFER ONLY TO THOSE WHO ANSWER "NOT WORKING" IN QUESTION 10 (a)

11. Had you ever been employed fairly regularly since leaving school?
12. (a) If answer to 11 be "Yes", state exact trade or occupation at which you actually worked (b) State how long you had worked at this trade or occupation
13. If answer to 11 be "No", state exact trade or occupation for which you feel qualified
14. If you had been employed after leaving school, state when you last worked fairly regularly before enlistment
15. Give details of last employer, if any: Name Address
16. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.)
17. (a) If your last employment was in a business of your own, state nature and address of business (b) Date of discontinuing it

Section E—PARTICULARS CONCERNING THOSE WHO WERE EMPLOYED AT TIME OF ENLISTMENT

QUESTIONS 18 TO 23 REFER ONLY TO THOSE WHO ANSWER "WORKING" IN QUESTION 10 (a). PLEASE READ THESE QUESTIONS AND REPLY TO THOSE APPLYING TO YOU AT TIME OF ENLISTMENT

IF YOU WERE AN EMPLOYEE WORKING FOR AN EMPLOYER UP TO THE TIME OF ENLISTMENT, PLEASE ANSWER QUESTIONS 18 TO 21

18. Name of employer: MR. A. STEIN (FATHER) Address: MONTREAL
19. Nature of employer's business (for instance, "farmer", or "building contractor", or "boot factory", or "iron foundry", or "retail store", etc.): PRODUCE MERCHANT
20. (a) Your specific occupation: Salesman (b) Number of years' experience at this occupation with any employer: 4
21. (a) Did your employer promise definitely to give you employment on discharge? — (b) Did your employer refuse to promise you employment on discharge? — (c) Do you wish to return to your former employment? NO

IF YOU WERE WORKING ON YOUR OWN UP TO THE TIME OF ENLISTMENT, THAT IS TO SAY, OPERATING A FARM, A STORE, AN AGENCY, OR IN PROFESSIONAL PRACTICE, OR AS A PARTNER IN ANY SUCH LINE, PLEASE ANSWER QUESTIONS 22 AND 23

22. (a) State nature of business, or professional practice (b) Where was it located?
23. (a) Number of years engaged in this business (b) Have you made, or will you make plans to return to the same or a similar business on discharge?

Section F—PARTICULARS OF FARMING EXPERIENCE

24. (a) Do you wish to engage in farming after the war? YES (b) Do you feel competent to operate a farm? YES (c) If so, in what kind of farming? CHICKEN
25. (a) Were you born on a farm? NO (b) How many years' actual farming experience have you had? NONE (c) In what provinces did you have experience? —

Section G—MISCELLANEOUS

26. Have you made any arrangements other than indicated above, for re-establishment in civil life after discharge? YES
27. If so, state nature of your plans (for example, do you plan to return to school, or have you been assured of a job, etc.) PLAN TO STUDY CHICKEN FARMING
28. State any employment preference or ambition you may have, other than indicated elsewhere in this form

DATE MAY 16 194 1 SIGNATURE Isadore Stein

CONFIDENTIAL

R.C.A.F. Special Reserve

R.C.A.F. M. 2
25M—9-39 (1998)
H.Q. 1062-10-2

ROYAL CANADIAN AIR FORCE

Medical Board held at Montreal, Quebec *Date* 30-5-40

FILE NUMBER

Surname STEIN *Chr. Names* Isadore.
Nature of Commission *Date of Birth* 18-12-18 *Married or Single* Single
Branch Air Gunner. *Hours Flown*
Address 760 Bloomfield.

HAVE YOU ANY HISTORY OF:—

(i) NERVOUS TROUBLE or Nervous Breakdown NO
Severe or "Sick" Headaches, Migraine NO
Fits or Convulsions of any kind NO
Sun or Heat Stroke NO
Head Injury or Concussion (including "knock-out") NO
Insomnia, Nightmares, Sleep-walking, or Bed-wetting NO
(ii) LUNG TROUBLE or Consumption NO
Bronchitis, Pneumonia or Pleurisy NO
Asthma or Hay Fever NO
(iii) HEART DISEASE, "Weak or Strained Heart" NO
Fainting Attacks or Giddiness NO
Rheumatism, Rheumatic Fever or "Growing Pains" NO
Frequent Sore Throats or Tonsillitis Tonsils out 1935.
Diphtheria, Scarlet Fever or Scarlatina NO
(iv) STOMACH or BOWEL TROUBLE NO
Chronic Indigestion or Pain after Food NO
(v) KIDNEY or BLADDER TROUBLE NO
Syphilis or Gonorrhœa NO
(vi) TROPICAL DISEASE NO
Malaria NO
Dysentry NO
(vii) EYE TROUBLE or Inflammation of Eyelids NO
Wearing of Glasses NO
Colour or Night Blindness NO
(viii) EAR TROUBLE, Earache or Discharge from Ears NO
Deafness, Noises in the Ears, or Dizziness NO
Frequent Colds in Head, Catarrh or Obstruction Occasional colds.
Prolonged Hoarseness or Loss of Voice NO
Sea, Car or Train Sickness Never been at sea.
Discomfort on Swings, Roundabouts, Switchbacks NO
(ix) OPERATIONS NONE
(x) Any Illness or Injury not mentioned above Measles Chicken Pox.

Education Jr. Matriculation Englewood High School.
Present Occupation Salesman Hobbies Drawing.
Previous Service None
Athletics Football, Swimming
Habits—Smoking Occasional Alcohol None.
FAMILY HISTORY—Consumption No
Nervous Ailments, Mental Trouble, or "Fits" No.
Father Alive—Health GOOD Dead—Cause
Mother Alive—Health GOOD Dead—Cause
Brothers (1) Alive—Health GOOD (....) Dead—Cause
Sisters (....) Alive—Health (....) Dead—Cause

I hereby declare that I have carefully considered the statements made above, that to the best of my belief they are complete and correct, and that I have not withheld any relevant information or made any misleading statement. I am fully aware that by wilfully suppressing any information I shall incur the risk of not being granted a Commission, or if it is granted, of being required to relinquish it and forfeit any claim to gratuity or other award.

Date 30/5/40 *Signature* Isadore Stein *Witness* Yvan Dupuis

GENERAL MEDICAL AND SURGICAL EXAMINATION

Impression given by *(a)* Physique GOOD Fatty *(b)* Mentality Average.
Body Marks, Scars, Deformities small scar on forehead.
Size of Thyroid Gland Normal.
Surgical Abnormalities Nil.
Results of Wounds, Injuries, Operations Nil.

	Date 30-5-40	Assessing Room	Date	Assessing Room	Date	Assessing Room
Height (ins.)	68½					
Weight (lbs.)	199					
Chest Circumference (ins.)	43					
Body Build (lbs.)	142					
Leg Length (ins.)	43					
Pulse Rate — Sitting	72					
Pulse Rate — Standing 1st	84					
Pulse Rate — Standing 2nd	72					
Pulse Rate — After Exercise	108					
Pulse Rate — Time to Normal	20"					
Arterial Walls	N					
Blood Pressure — Systolic	146					
Blood Pressure — Diastolic	80					
Heart — Size	N					
Heart — Sounds	N					
Heart — Rhythm	regular					
Lungs	Neg					
Breath held	65					
Expiratory Force	155					
Vital Capacity (Best of 5)	240					
Reflexes — Knee	sl.					
Reflexes — Ankle	sl.					
Reflexes — Triceps	sl.					
Reflexes — Abdominal	n					
Reflexes — Plantar	flexor					
Cranial Nerves	n					
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Balancing Rod	Sl Sl					
	R. L.	R. L.	R. L.	R. L.	R. L.	R. L.
Self Balancing	Sl Sl					
Tremors — Fingers	Nil					
Tremors — Eyelids	Nil					
Abdomen — Liver	N					
Abdomen — Spleen	N					
Abdomen — Muscular Tone	Good					
Urine — Albumen	Neg					
Urine — Sugar	Neg.					
Initials of M.O.	[illegible]					

Remarks on any Abnormalities Found

Date 30-5-40

47 lbs overweight, will distributed no undue adipisity.

[illegible]

Date

Date

40 mm. Hg. Test 70" 6/565/664/544/444/44
Date
Date
Date
Date

Remarks by Consultant.

Steady quiet type of mental+Physique

EYE EXAMINATION

History No glasses
No troubles.

Visual Acuity	R. 20/20 , $\bar{c}$ 2.25 =	Blurred.	
	L. 20/20 , $\bar{c}$ 2.25 =	Blurred.	
Colour Vision	Ishishara Normal.		
Red, Green	R. N. L temporarily neglect red.		
Diaphragm Test (P.D. = 65)	0		
Convergence	C. = 7 cms.		
	S. C. = 8 cms.		
Accommodation	R. 9		
	L. 9½		
Cover Test	R. slight D. R.	R. L. no movement.	
Fundi and Media	/////		
Fields	N.		
Remarks:			
	Initials of M.O.	*Initials of M.O.*	*Initials of M.O.*
	Date 30-5-40	*Date*	*Date*

EXAMINATION OF EAR, NOSE AND THROAT

History No troubles.

Hearing	R. Ear	W.V. 20		
	L. Ear	W.V. 20		
External Ear, Meatus Membranes	R. Ear	N		
	L. Ear	N		
Middle Ear, Eustachian Tubes	R. Ear	Patent		
	L. Ear	Patent		
Cochlear Apparatus	R. Ear	N		
	L. Ear	N		
Vestibular Apparatus	R. Ear	N		
	L. Ear	N		
Buccal Cavity		Clear		
Teeth		2 carious one unpacked incisure.		
Gums		N		
Pharynx		N		
Nasopharynx		Tonsils & adenoids out clearly		
Nose		Patent		
Larynx		N.		
Remarks:		*Initials of M.O.*	*Initials of M.O.*	*Initials of M.O.*
		Date 30-5-40	*Date*	*Date*

HISTORY OF PRESENT CONDITION

Date 30-5-40

Good physique in spite of overweight, cardio respiratory system satisfactory. Fit for flying.

Yvans Dupuis
Capt

OBSERVATIONS AND FINDINGS BY PRESIDENT OF BOARD

Date 30-5-40

Category A1B

Yvans Dupuis
Capt

O'Brien
Capt

R.C.A.F. Special Reserve

R56-106 ManningDepot, Toronto, Ontario. Standard General Duties.

AIR FORCE No. ..... POSTED TO ..... TRADE Air Crew.

ROYAL CANADIAN AIR FORCE

(ATTESTATION PAPER)

JUL -3 1940 1022 1221 CANADA

(Pages one and two, only, are to be completed in Applicant's own Handwriting)

1. Surname Stein FULL Christian Names Isadore
2. Present Address 760 BLOOMFIELD AVE — OUTREMONT — Telephone TA-1902
3. Permanent Address 760 BLOOMFIELD AVE.
4. Place of Birth WINNIGPEG, MAN. Citizenship CANADIAN
5. Date of Birth Dec. 18-1918 ~~Married~~, Single, ~~Widower~~, ~~Separated~~, ~~Divorced~~
6. Particulars of Children

Name	Date of birth	Name	Date of birth

7. Occupation SALESMAN 8. Religion JEWISH (State denomination)
9. Languages ENGLISH, JEWISH, (LITTLE GERMAN) (State proficiency)
10. Next of Kin (Full Name) HARRY STEIN Relationship BROTHER
    " Address WILLMINGTON, NORTH CAROLINA, U.S.A.
11. Father (Full Name) ADOLPH STEIN Birthplace HUNGARY
    " Address 760 BLOOMFIELD AVE. Citizenship CANADIAN
    " Occupation PRODUCE MERCHANT
12. Mother (Full Maiden Name) Polly ORNSTEIN Birthplace ROMANIA
    " Address 760 BloomFIELD AVE Citizenship CANADIAN.
13. Details of any Naval, Military or Air Force Service:

Unit	Place	Rank	Trade	Date From	Date To	Reason for discharge

14. Honours, Awards, Mentions
15. Are you now on any Naval, Military or Air Force Reserve? NO.
16. Have you previously made application to join the R.C.A.F.? YES If so, where? MONTREAL JUNE 1939
    When? JUNE 1939 Result NO ANSWER
17. Were you ever discharged from any branch of His Majesty's Forces as Medically Unfit? NO.
    If so, state nature of disability
18. Have you ever been or are you now in receipt of a Disability Pension? NO.
    If so, state nature of Disability
19. Have you ever been convicted of an indictable offence? NO If so state nature
20. Are you in debt? NO If so, state particulars

R.C.A.F. Records Office
Rec'd JUL 8 1940
O.K. C.I.B. MPR
R.C. DC N.I.
S.L. P.A. LP

R.C.A.F. Form R. 100
100M—2-40 (3924)
H.Q. 1062-3-83

12-378

21. Particulars of Education:

—	Name of school	Date From	Date To	Courses—Subjects, etc.
Primary Education—Public or Separate School	Englewood Public School	1926	1932	Public School Course
High School—Collegiate Institute, etc.	Englewood High School	1932	1935	Scientific Course
Technical School	Montreal Technical School	1935	1936	Aeronautics - Aviation Motors
University or School other than above				
Correspondence Courses, etc.				

22. Particulars of all Civil Occupations (in full):

Employer and place	Duties, trades, positions	Date From	Date To	Reason for leaving
Ideal Mayonnaise & Prod Co.	Salesman -	1936	1940	only to join R.C.A.F.

23. Flying Experience (in Hours) Solo None Dual None Passenger Few Flights

24. Special Qualifications, Hobbies, etc., useful to the R.C.A.F. Free Hand Drawing.

25. Sports engaged in. State: extensively, moderately, occasionally Football, Swimming, Baseball

26. Air Force Duty you wish to enlist for ~~Ground Duties.~~ Flying Duties.

If for Ground Duties, state Air Force trade in which you wish to enlist ——
If for Flying Duties, state preference as (a) ~~Pilot; (b) Observer~~; (c) Air Gunner (d) ~~Wireless Operator (Air Crew)~~.
(Cross out words not applicable.)

27. Names of at least two persons who can give references as to character and ability.

Name	Address	Occupation
Mr. M. Hersh	636 Outremont Ave.	Salesman.
Mr I. O'Brand	196 Champagneur Ave.	Office clerk
Mr. D. Ornstein	88 St. Catherine W.	Merchant.

28. Other information that may have any bearing on this application. [redacted] Made application to join Royal Air Force in England, before outbreak of war. Recieved their forms in August, 1939,

29. Do you understand that vaccination, re-vaccination and inoculation are compulsory? yes

I Hereby Certify that the foregoing information furnished by me is correct to the best of my knowledge and belief.

Date May 20th. 1940 Signature Isadore Stein

FOR OFFICIAL USE ONLY

(A) *Report of Interviewing Officer—*

Type.....General appearance.....

Suitability for (state in what capacity).....

Date.....Signature.....Rank.....

(B) *Report of Trade Test—*

Trade in which tested.....

Result.....

Trade qualifications other than above likely to lead to efficient employment in the R.C.A.F.....

.....

Date.....Signature.....Rank.....

(C) **DECLARATION MADE BY MAN ON ATTESTATION**

I, Isadore STEIN do solemnly declare that the foregoing particulars are true, and I hereby engage to serve on active service anywhere in Canada, and also beyond Canada and overseas, in the Royal Canadian Air Force for the duration of the present war, and for the period of demobilization thereafter, and in any event for a period of not less than one year, provided His Majesty should so long require my services.

Date June 22nd, 1940 Isadore Stein
Signature of Recruit

(D) **OATH TAKEN BY MAN ON ATTESTATION**

I, Isadore STEIN do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Date June 22nd, 1940. Isadore Stein
Signature of Recruit

(E) **CERTIFICATE OF ATTESTING OFFICER**

The Recruit above named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to and the said Recruit has made and signed the declaration and taken the Oath before me,

at Montreal, Que. this 22nd, day of June 19 40.

C. S. Gerr Dran — Signature of Officer
Lo. — Rank
ROYAL CANADIAN AIR FORCE — Unit

FOR OFFICIAL USE ONLY

CERTIFICATE OF MEDICAL EXAMINATION

Part 1. Information obtained from the applicant—

1. Age. 21 2. Have you ever suffered from any of the following defects in health?

(a) Rheumatism	NO	(j) Nasal Trouble	NO
(b) Tuberculosis	NO	(k) Ear Disease	NO
(c) Bronchitis or Asthma	NO	(l) Eye Disease	NO
(d) Heart Disease	NO	(m) Epilepsy	NO
(e) Kidney or Bladder Disease	NO	(n) Nervous or Mental Disease	NO
(f) Gastro-intestinal	NO	(o) Syphilis	NO
(g) Rupture	NO	(p) Gonorrhoea	NO
(h) Varicose Veins	NO	(q) Bone Fracture	NO
(i) Flat or Deformed Feet	NO	(r) Other Disease or Defect	NO

3. Have you ever worn glasses? NO

Isadore Stein
Signature of Applicant

Examiner's Remarks *re* above nil

Part 2. Information obtained by Medical Examination (Applicant must be stripped)—

1. Identification marks or scars (if operative obtain history) scar on the forehead

2. Height 5 feet 8½ inches. 3. Weight 199 pounds.

4. Complexion med 5. Color of Eyes brown Hair brown

6. Development {Good / ~~Fair~~ / ~~Poor~~} 7. Chest Measurement—Full expiration 40 inches

Range of expansion 3 inches

8. Hearing—Right W & 20 Left W & 20 Tympana—Right N Left N

9. Vision—Without glasses—Right 20/20 With glasses—Right —

Colour sense Both have normal. Left 20/20 Left —

10. Condition of mouth and teeth 2 caries, one unscoched incisor.

11. Urine—Albumen neg Sugar neg.

12. Abnormalities (Congenital and Pathological) found on Examination

Part 3. The Candidate has been examined in accordance with the pamphlet, "Physical Standards and Instructions for the Medical Examination of Recruits" and he is considered fit for Category **A**

Any special remarks of the Medical Officers

Pulled out

Date 19/6/40 19

Yours Dupont
President

Member

Member

18864

Provincial Board of Health

MANITOBA

Certificate of Birth

On the 18th day of DECEMBER, 1918 at Grace Hospital

CITY OF WINNIPEG------ in the Province of Manitoba, Canada, there occurred the Birth of -- ISIDOR STEIN --

Name of Father Adolph Stein Occupation Produce merchant

Residence Winnipeg, Manitoba. Birthplace Roumania

Maiden Name of Mother Paulina Ormstein

This Birth is certified to be registered as No. #5722 for the year 1918 in the register of the Registration Division of CITY OF WINNIPEG now on record in the archives of the PROVINCIAL BOARD OF HEALTH.

Given under my hand and seal of the Board this 12th day of MARCH, 1925

SECRETARY OF THE BOARD

Englewood Public Schools

Englewood Junior High School

This is to Certify That

Isadore Stein

has satisfactorily completed the Course of Study prescribed by the Board of Education for the Englewood, Junior High School and is awarded this

Diploma

Given at Englewood, New Jersey, this 21 st day of June, 1934.

Walter Winslow Brien
President of the Board of Education

Winton J. White Jr.
Superintendent of Schools

Henry L. Cox
Secretary of the Board of Education

R. Zimmerman
Principal of Englewood Junior High School

DEPARTMENT OF THE PROVINCIAL SECRETARY

MONTREAL TECHNICAL SCHOOL

200 SHERBROOKE ST. WEST
MONTREAL

January 11th 1940

To Whom It May Concern,

This is to certify that
Mr. Isidore Stein, 760 Bloomfield, Outremont, Que,
has attended the following evening classes at the
Montreal Technical School :

1935-1936 AERONAUTICS

Number of lessons : 20 of 1½ hour each
Attendance : 80%
Examination: None

1935-1936 AVIATION MOTORS - 1st Part

Number of lessons : 20 of 1½ hour each
Attendance : 95%
Examination: 72%

Yours truly,

BENOIT BASTIEN,
Private Secretary to
the Principal.

BB/EJL

R.C.A.F. Special Reserve

AIR FORCE NO. R561106 NAME OF AIRMAN STEIN, Isidor.

EVIDENCE OF BIRTH

DESCRIPTION OF DOCUMENT Certificate of Birth.

NUMBER 18864 DATE March 12, 1925.

ISSUING AUTHORITY C. Wood, Secretary of the Board City of Winnipeg.

SUBJECT - Self (full name) STEIN, Isidor.
~~Child (full name)~~

DATE OF BIRTH December 18, 1918.

PLACE OF BIRTH Winnipeg, (city, town, village,) Manitoba. (province,) Canada. (country,)

MOTHER (Full Maiden Name) ORMSTEIN, Paulina.

FATHER (Full Name) STEIN, Adolph.

DATE 4-6-40 CERTIFIED TRUE EXTRACT

R.B.

(Signature & rank) C. S. Geurdrau P/O

for OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

Strike out words not applicable.

A.F.M. No. 10.

R.C.A.F. Records Office
Rec'd JUL 8 1940
O. K. ..... C.I.B. .....
R. C. ..... N. I. .....
S. L. ..... P. A. .....

NO. 60

R.C.A.F. Special Reserve

THE BANK OF TORONTO

1549 VAN HORNE AVE. BRANCH

MONTREAL, QUE. May 22/40.

The Royal Canadian Air Force,
Bishop Street,
Montreal,Que.

Gentlemen;

This is to certify that the bearer of this letter Mr.W.I.Stein of 760 Bloomfield Ave., Outremont,Que. has been known to us for over a year.

We consider him to be an honest and reliable young man highly regarded in the community.

A specimen of Mr.Stein's signature will be found herewith.

Yours very truly.

W. I. Stein

W.I.Stein

A P Deprater

Manager.

A. P. DEPRATER

R.C.A.F. Records Office
Rec'd JUL 8 1940
O. K. ..... C.I.B. .....
R. C. ..... N. 1. .....
S. L. ..... P. A. .....

R.C.A.F. Special Reserve

LOVELL & CHRISTMAS (CANADA) LIMITED

Cheese and Butter

TELEGRAPHIC ADDRESS
"LOVELMAS"

TELEPHONE
MARQUETTE 7747★

P.O.BOX 127

160 KING STREET
MONTREAL

May 21st, 1940.

The Royal Canadian Air Force,
Bishop St.,
Montreal.

Dear Sirs:

This is to certify that Mr. W.I. Stein has been in our office several times on business with his father. We have found him to be a very conscientious and upright young man and have no hesitation in recommending him as an applicant to the Royal Canadian Air Force.

Yours very truly,
LOVELL & CHRISTMAS (CANADA) LIMITED,

Assistant Secretary.

MCD/D

R.C.A.F. Records Office
Rec'd JUL 8 1940
O.K. G.J.B.
S.O. N.I.
S.I. P.A.

R.C.A.F. Special Reserve

AIR FORCE NO. R56-106 NAME OF AIRMAN STEIN, Isadore.

EVIDENCE OF EDUCATION

DESCRIPTION OF DOCUMENT Englewood Public Schools Diploma.
2. Letter.

NO. not stated.
2. not stated.

DATE June 21, 1934.
2. January 11, 1940.

ISSUING AUTHORITY R.R. Zimmerman, Principal Englewood Junior High School.
2. B. Bastien, Priv. Sec. Principal, Montreal Tech. School.

COURSES TAKEN Junior High School.
2. Aeronautics, Aviation Motors.

DIPLOMAS, DEGREES OBTAINED
Awarded Diploma from Englewood Junior High School. N.J. U.S.A.
2. attaended the above mentioned night courses.

DATE 4-6-40

CERTIFIED TRUE EXTRACT

R.B.

(Signature & Rank)
C. S. Geurdon F/O
for OFFICER COMMANDING,
R.C.A.F. RECRUITING CENTRE,
MONTREAL, - QUEBEC.

A.F.M. No.11

R.C.A.F. Records Office
Rec'd JUL 8 1940
O. K. ..... C.I.B. .....
R. C. DC ..... N. I. .....
S. L. ..... P. A. .....

R56106, STEIN, IDADORE

AUTHORITY	CASUALTY	DATE OF EFFECT
I.M.P. 144	Enlisted R64 ~~H.S.~~ A62 at Montreal Que. 22-6-40. Graded Gunner	22-6-40
	Posted to and T.O.S. #1 N.D. Toronto 24-6-40	24-6-40
IMP 153	S.O.S. eff. 30-6-40 on being posted to No. 2 D.T.S. Regina	30-6-40
2 D.T.S. 43	Annual leave from 1700 hrs. 7-8-40 to 2359 hrs. 16-8-40	
2 D.T.S. 51	S.O.S. eff. 17-8-40 on being posted to #1 H.S. Montreal	17-8-40
1 XV.S. 249.2	Reclassified Fit. eff. 17-8-40	17-8-40
1 W.S. 252	To W.O. 27-11-40	27-11-40
1 W.S. 253	Change of address Mrs. A. Stein, father, to 5-2 88 Esplanade Ave. Montreal Que.	

ROYAL CANADIAN AIR FORCE
RECORD OF SERVICE

1 PARTICULARS OF BIRTH

DATE	PLACE	NATIONALITY	BIRTH OR NATURALIZATION
18-12-18	Winnipeg, Manitoba	British	Birth

2 NEXT OF KIN

NAME	ADDRESS	RELATIONSHIP
Mr. A. Stein	5288 Esplanade Ave. Montreal	Father

3 ADDRESS PRIOR TO ENLISTMENT

760 Bloomfield Ave. Outremont

4 RELIGION Jewish

5 MARRIED OR SINGLE Single

6 PARTICULARS OF MARRIAGE

DATE	TO WHOM	PLACE	CLERGYMAN

7 PARTICULARS OF CHILDREN

CHRISTIAN NAMES	DATE	PLACE OF BIRTH	BAPTISED

8 CIVIL EDUCATION

SCHOOLS OR COURSES	YEARS	COURSES OR SUBJECTS
Englewood Public School	1926-1932	Public School Course
Englewood High School	1932-1935	Scientific Course
Montreal Technical School	1935-1936	Aeronautics - Aviation & Motors

9 CIVIL EMPLOYMENT

EMPLOYER	YEARS	DUTIES
Ideal Mayonnaise & Prod Co.	1936-1940	Salesman

10 USEFUL CIVIL EXPERIENCE

EMPLOYER	YEARS	DUTIES	ASSESSED

11 PREVIOUS SERVIC

UNITS	RANK	FROM	T

12 PARTICULARS OF DISCHARGE FROM

REASON FOR DISCHARGE	CHARACTER	TR

13 HONOURS, AWARDS AND

AWARD

14 USEFUL SERVICE EXPE

SERVICE	YEARS	DU

15 CAPABILITIES OTHER THAN TRA

16 SPECIALLY ADAPTED TO

R.C.A.F.R. 44
45M-12-39 (3271)
H.Q. 1062-3-30

N.B. Toronto

NAME STEIN, ISADORE (SURNAME / CHRISTIAN NAMES) AIR FORCE No. R56106

...US SERVICE

FROM	TO	DUTIES

...RGE FROM LAST ENGAGEMENT

	TRADE AND ASSESSMENT	PENSION

...ARDS AND MENTIONS

	AUTHORITY

...RVICE EXPERIENCE

DUTIES	ASSESSED

...ER THAN TRADE CLASSIFIED

...ADAPTED TO UNITS

17 RANK AND APPOINTMENTS

RANK	DATE
AC2	22-6-40
LAC	17-8-40

18 TRADE AND CLASSIFICATION

TRADE	DATE
Air Crew "S"	22-6-40

19 MEDICAL CATEGORIES

CATEGORY	DATE
"A"	19-6-40
A1B1	30-5-40
A1B-A3B.	17-7-40

20 CHARACTER ASSESSMENT

ASSESSMENT	DATE

21 TRADE PROFICIENCY

TRADE AND ASSESSMENT	DATE

22 COURSES OF INSTRUCTION

COURSE	FROM	TO

23 EXAMINATIONS AND TESTS

SUBJECT	RESULTS	DATE

24 INCREASED RATES OF PAY

INCREASE ON RANK	DATE OF EFFECT

25 ENGAGEMENTS

ENGAGEMENT	FROM	TO
Duration of War	22-6-40	

26 OFFENCES WHILE SERVING

OFFENCE	DATE	PUNISHMENT
A.W.L.	27-11-40	

27 MARRIED ESTABLISHMENT

PLACED ON OR REMOVED FROM	RANK	DATE

28 FLYING TIME

UNIT	DATE	HOURS	
		PILOT	PASS

KX.

0 R.60 ainta

SC

AIR FORCE No. R56106

SURNAME: STEIN, FULL CHRISTIAN NAMES: ISADORE

ENLISTMENT / RE-ENLISTMENT — PLACE Montreal Que. DATE 22-6-40

C.R. FILE NUMBER 1022-S-1221

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R44(B) 50M-10-40 (7685) H.Q. 1062-3-58

1. POSTING (INDICATE S.O.S. AND T.O.S.)

S.O.S. OR T.O.S.	UNIT AND PLACE	EFFECTIVE			D.R.O.
TOS	#1 M.D. Toronto	24	6	40	IMP 149
SOS	1 M.D. to No 2 I.T.S. Regina	30	6	40	IMP 153
SOS	to 1 W.S. Montreal	17	8	40	2 SFS. 57
S.O.S.	1 W.S.	14	2	41	1WS 40
TOS	1 M.D. Toronto	15	2	41	1MD 41
SOS	1 MD.	17	3	41	1MD 65
T.O.S	1 B & GS Jarvis, Ontario	18	3	41	1BGS 79
S.O.S.	1 BGS Jarvis	25	4	41	1BGS.104
TOS	Embarkation Dept. Debert, N.S. (Regraded)	25	4	41	Em 183 Em 67
SOS.	to RAF. Trainees Pool	29	5	41	Em 114 ✓
T.O.S	1 "M" Dep. Halifax	26	4	41	Em 183
TOS	3 PRC. from Canada	29	6	41	RAF. 33
SOS	to 10 O.T.U.	7	7	41	RAF. 33
S.O.S.	to 102 Sqn	18	8	41	RAF 38.
SOS	to 1 Dep. NE.	9	11	41	RAF 53:3
8	Missing	8	11	41	RAF 49
	Flying Battle; operational; Whitley; bomb; O'Sean; cont. Europe; Sq. X6608 d/10-11-41; 102 Sqdn presumed enemy action				
	Presumed Dead	8	11	41	RAF 24
	Presumed dead	8	11	41	
	PX 5299	13	4	42	
7					

C	CH	STRENGTH	DATE			CAUSE	STATUS	RESULT	DATE ON PLACE			P	CH
R	S	28	8	11	41	2	8	5	Ro	42	4		✓

W. S. K. Camp 6 11 41

J

C91/JUD

2. RECLASS'NS-PROMOTIONS-ETC.

RANK	EFFECTIVE			D.R.O.
AC2	22	6	40	IMP 149
LAC	17	8	40	2 SFS 128-249
Sgt (Temp) (Pd)	12	4	41	1BGS.104
T4				

3. MEDICAL HISTORY

EXAMINATIONS (IN RED INK)

DATE	FORM	CATEGORY	REMARKS

HOSPITALIZATION (IN BLACK INK)

HOSPITAL QUARTERS	ADMITTED CONFINED	DISCHARGE RET'N DUTY	D.R.O.
19-6-40	R 100	A	
Stn. Hosp.	11-4-41	15-4-41	1BGS.102-106
~~Stn. Hosp.~~	11-4-41	12-4-41	1BGS.104
Stn Hosp	12-4-41		1BGS.104

4. TRADE AND CHARACTER

TRADE	GROUP	EFFECTIVE			D.R.O.
Aircrew	Std	22	6	40	IMP 149
Air Gunner	Sp.	12	4	41	1BGS.104
30555					X

TRADE PROFICIENCY	CHARACTER ASSESSMENT	DATE OF R41

5. COURSES-TESTS-ETC.

SUBJECT	RESULT	DATE			AUTHORITY
Report on W.S./P.G.	P.	17 14	3 4	41 41	1BGS Case # 7

6. LEAVE

FROM	TO	DAYS	REMARKS	D.R.O.
7-8-40	16-8-40	10		2SFS 43
15-4-41	25-4-41	10		1BGS.104

R.C.A.F. OVERSEAS — EN MENT MARIAL STATUS — PRESENT MARTIAL STATUS — HIGH & TECH. SCHOOL EDUCATION — RELIGION (C. OFF. BAP. U.C. PRES. R.C. HEB. MIS. OTHER PRO.) — PREV. SERV. — PROVINCE OF ENLISTMENT — DISCHARGE — AC

AIR FORCE No. R56106 R

SURNAME: Stein, FULL CHRISTIAN NAMES: Isadore

ENLISTMENT — PLACE: Montreal Que — DATE: 22-6-40

RE-ENLISTMENT

C.R. FILE NUMBER: 1022 S-1221

RECORD OF SERVICE AIRMEN

R.C.A.F. FORM R. 44 (E

7. BIRTH: DATE: 18-12-18 — PLACE: Winnipeg Man — CITIZENSHIP: British 2

FATHER (FULL NAME): Adolph Stein

BIRTHPLACE: Hungary

MOTHER (FULL MAIDEN NAME): Polly Ornstein

BIRTHPLACE: Roumania

8. EDUCATIONAL STANDING

HIGH SCHOOL ENTRANCE

JUNIOR MATRICULATION: 3 yrs Que

SENIOR MATRICULATION

TECHNICAL SCHOOL: 1 yr Aeronautics & Air motors

UNIVERSITY

CORRESPONDENCE COURSES

1 4

9. CIVIL OCCUPATIONS OR EXPERIENCE USEFUL TO R.C.A.F.

Salesman 4 yrs.

6600

10. PREVIOUS ARMY, NAVY OR AIR FORCE SERVICE

Nil

0

11. HONOURS-AWARDS, MENTIONS

HONOURS-AWARDS, MENTIONS	AUTHORITY	DATE
Air Gunner's Badge	1BGS.104	12-4-41

12. FLYING EXPERIENCE ON ENLISTMENT (HOURS)

SOLO — DUAL — PASSENGER few flights

13. RELIGION Jewish English & a little German. 7

14. LANGUAGES English & a little German 4

15. SPORTS Football, swimming, baseball. Free hand drawing

16. SINGLE-MARRIED-WIDOWER-SEPARATED-DIVORCED: Single

WIFE (FULL MAIDEN NAME)

PLACE OF MARRIAGE — DATE

AUTHORITY (IF AFTER ENLISTMENT)

1

17. MARRIED ESTABLISHMENT

REMARKS	RANK	EFFECTIVE	D.R.O.

18. CHILDREN

CHRISTIAN NAMES	BIRTH DATE	D.R.O.	CHRISTIAN NAMES	BIRTH DATE	D.R.O.

19. NEXT OF KIN (ADDRESS AND D.R.O. IN PENCIL)

FULL NAME: Mrs Ida Stein — RELATIONSHIP: Father

ADDRESS: 5288 Esplanade Ave Montreal Que — D.R.O. 1WS 252

FULL NAME: — RELATIONSHIP

ADDRESS: — D.R.O.

20. PAY ENTRIES (OFFENCE FORFEITURES, STOPPAGES IN RED INK)

RATE CHANGES ETC.	EFFECTIVE	D.R.O.	RATE CHANGES ETC.	EFFECTIVE	D.R.O.
AWL	27 11 40	1WS 252			

21. ENGAGEMENTS

TERM	EFFECTIVE	D.R.O.	TERM	EFFECTIVE	D.R.O.
Duration	22 6 40				

22. TEMPORARY DUTY AND MISCELLANEOUS ENTRIES

FROM	TO	DATE	D.R.O.
Acc. pub. gtrs.		15-2-41	1MD41
Acc. Pub Gtrs & drawing gtrs		18-3-41	1BGS79
pub gtrs & cutrs		25-4-41	Em. 67
Att. to G&LE Ringway from 102 Bgd.		19/27-9-41	RAF 46
att. to Farnborough from 102 Bgd.		28-9-41	RAF 46

APE 760 Bloomfield Ave, Outremont Que. 23306

23. DOCUMENT CONTROL (INDICATE RECEIPT BY DATE) OH7

R60	R79	B465	X-RAY	AFM-13	IDN. CARD	KX
15-7-40	14-5-41	26-6-40				

AIR FORCE No. R56106

SURNAME: STEIN

FULL CHRISTIAN NAME: ISADORE J

ENLISTMENT/APPOINTMENT

PLACE

DATE

RELIGION

R.C.A.F. FORM R230

TYPE OF LEAVE

FROM	TO	No. DAYS	DESCRIPTION	AUTH.

TYPE OF AIRCRAFT ON WHICH MOST PROFICIENT

(IF UNDER INSTRUCTION STATE NUMBER OF HOURS ON EACH TYPE AND TESTS PASSED)

SERVICE MACHINES FLOWN

CHARACTER AND TRADE ASSESSMENT

DATE	CHARACTER	TRADE ASSESSMENT

HONOURS, AWARDS AND MENTIONS

DATE	AWARD	AUTHORITY

POSTINGS, ATTACHMENTS & TEMPORARY DUTY

SOS TOS	FROM	TO	DATE	AUTHORITY
Missing after Air Ops			8/11/41	AFRO 1378/41
Presumed Dead			8/11/41	9679 AFRO 611/42

ALL OTHER CASUALTIES

CASUALTY AND DATE	AUTHORITY
	30/5/44

AIR FORCE No. R56106

SURNAME: Stein

FULL CHRISTIAN NAME: Isadore

ENLISTMENT/APPOINTMENT

PLACE

DATE

RELIGION

ROYAL CANADIAN AIR FORCE

RECORD OF SERVICE

OFFICERS, AIRMEN AND AIRWOMEN

R.C.A.F. FORM R230
100M-5-43 (3287)
H.Q. 885-R-230
K. P. 75434

BIRTH DATE	PLACE	COUNTRY	CITIZENSHIP	RACIAL ORIGIN

CIVIL EDUCATION

PUBLIC SCHOOL	JUNIOR MATRICULATION
HIGH SCHOOL ENTRANCE	SENIOR MATRICULATION
TECHNICAL SCHOOL	UNIVERSITY
CORR./BUSINESS COURSES	LANGUAGES SPOKEN

CIVIL OCCUPATIONS AND EXPERIENCE

PREVIOUS SERVICE

PLACE AND DATE OF MEDICAL	CATEGORY	PLACE AND DATE OF MEDICAL	CATEGORY

PARTICULARS OF FAMILY

SINGLE, MARRIED, WIDOWER, DIVORCED

WIFE (FULL MAIDEN NAME) OR HUSBAND

PRESENT ADDRESS (IN PENCIL)

PLACE OF MARRIAGE DATE

AUTHORITY (IF AFTER APPOINTMENT/ENLISTMENT)

CHILDREN

NAMES	PLACE AND DATE OF BIRTH	NAMES	PLACE AND DATE OF BIRTH

NAME(S), ADDRESS(ES), RELATIONSHIP OF PERSON(S) TO BE INFORMED OF CASUALTIES (IN PENCIL)

EMPLOYMENT AS INSTRUCTOR OFFICER AIRMAN/AIRWOMAN

TYPE	FROM	TO	TYPE	FROM	TO

OFFICERS

RANK, BRANCH AND CATEGORY	DATE	AUTH.	DUTIES PERFORMED DURING SERVICE, E.G. ADJ.

COURTS-MARTIAL ATTENDED WITH DATES
(STATE IF UNDER INSTRUCTION OR AS MEMBER)

AIRMEN AND AIRWOMEN

RANK	DATE	AUTH.	TRADE	DATE	AUTH.
Sgt	1244		N.L.G.		

OFFICERS, AIRMEN/AIRWOMEN

COURSE OR TRADE	GRP.	%	PF	DATE

(Above this line is for Signals use only)

R.C.A.F. MESSAGE

R. C. A. F. S. 5
(REVISED-9-41)
25M PADS OF
100-9-41 (806)
H. Q. 1062-23-5

NO. OF GROUPS _____ FILE _____

OFFICE DATE STAMP & SERIAL NUMBER

Air Force Headquarters
76
NOV 10 1941
SIGNAL OFFICE

TO* RCAF HQ OTTAWA

L 630 Sgt 004

DPR(PR6)
DAPS
CAS
CR

FROM* A M.KINGSWAY

ORIGINATOR'S NUMBER	DATE	REFERENCE AND DATE
X.6608	10/11	MY YOUR

(Use Double Space Typing)

FB (A) WHITLEY T Z9212. (B) 102 SQDN. (C) NOT KNOWN BUT PRESUMED OVER TARGET 8/9 NOVEMBER 1941 NIGHT (D) R.64879 SGT. ARTHUR LAMBER LORD (OBSERVER) KINFORMED (MOTHER MRS. A.H.LORD, RICHARDSON DEER ISLAND, NEW BRUNSWICK, R.56106 SGT. ISADORE STEIN (A/M) KINFORMED R.A.STEIN (FATHER) 5288 ESPLANADE AVENUE MONTREAL QUEBEC AND MISS E.LIPSON (FRIEND) 1333 MAJOIE AVENUE MONTREAL QUEBEC. NOT CANADIANS 104505 P/O T.H.TAYLOR, 955269 SGT. T.ROGERS, 521585 SGT. G.W.MCDONALD. ALL MISSING PARTICULARS UNKNOWN (E) NOT KNOWN (F) 1X1000 G.P. 3X500 G.P. 120 4 LB INCENDIARIES, IFF EQUIPMENT. (G) PRESUMED ENEMY ACTION. (H) AIRCRAFT MISSING CAT. BB E. SALVAGE NO.

NOV 10 '41 PM

INFORMATION COPY ONLY

This message must be sent **AS WRITTEN** and may‡.....be sent by **W/T.**
Signature

This message must be sent **IN CYPHER** and may‡.....be sent by **W/T.**
Signature

Originator's Instructions* Degree of Priority*

IMPORTANT

TIME OF ORIGIN 0755/10 G. M. T.

‡Originator to insert "NOT" if message is not to go by W/T over any part of the route. (Below this line is for Signals use only)

T.O.R.

SYSTEM IN	TIME IN	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER	SYSTEM OUT	TIME OUT	READER	SENDER
1815		1p-MS									

T.H.I.

***The Signal Department** is responsible that these details are transposed to the appropriate portion of the message form and that all possibilty of compromising distinguishing signals, etc., by omitting to remove their signification from the address, etc., is avoided. Before delivery of the message these details are to be re-inserted in P/L

NOTIFICATION OF DEATH.

CERTIFIED that according to the records of this department CAN/R.56106 Sergeant Isadore STEIN, Royal Canadian Air Force, was reported missing and is presumed, for official purposes, to have lost his life on the eighth day of November, 1941, as the result of air operations.

Information received through the International Red Cross Committee, states that this airman is buried in Grave Number 130, Section 40, in the English Military Cemetery, Cologne (South), Germany.

Milton A Foss

Flying Officer,
for Director of Personal Services.

Dated at
the Air Ministry,
London,
this 3rd day of October, 1942.

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH

Municipal county: OVERSEAS

Official name of civil municipality or township:

Place an X over the word which applies to this municipality or this territory
City | Town | Village | Parish | Township

Street: No.: Hospital or Institution:

2. LENGTH OF STAY

(a) In hospital or institution	Years	Months	Days	(b) In municipality where death occurred	Years	Months	Days	(c) In Province	Years	Months	Days	(d) In Canada (if immigrant)	Years	Months	Days

3. NAME OF DECEASED

Surname: STEIN (*Block letters*)

Given names: Isadore

Do not write in this space

4. RESIDENCE

Street: 5288 Esplanade Avenue No. 5288

Official name of civil municipality or township: Montreal,

Municipal county: Province: Quebec

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
Male	Canadian	Hungarian	Single

9. If married give name of wife or husband of deceased: N.A.

10. BIRTHPLACE (Province or Country): Winnipeg, Manitoba.

11. DATE OF BIRTH: December (Month) 18th (Day) 1918 (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	22	10	21	....hrs. or....min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Air Gunner

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.: R.C.A.F.

15. Date deceased last worked at this occupation: 8-11-41

16. Total years spent in this occupation: One

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	STEIN, Adolph	Hungary
MOTHER (Maiden Name)	ORNSTEIN, Polly	Roumania

19. Place of burial, cremation or removal

20. Date of burial ....19....

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church

(b) Civil municipality of

(c) Municipal county

(d) Date ....19.... (Month) (Day) (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: November (Month) 8th (Day) 19 41 (Year)

23. I HEREBY CERTIFY that I attended deceased from ....19.... to ....19....

and last saw h....alive on ....19....

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.

(a) Presumed killed during Flying Operations

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).

(b)....

due to

(c)....

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

....

....

III If a communicable disease is mentioned on this certificate, give

(a) Date of appearance ....19....

(b) Duration of disease ....days

25. If a woman, was there a puerperal condition?....

26. Was there a surgical operation?....Date of ....19....

State findings....Was there an autopsy?....

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Accident (State which) Date: November 8th 19 41

Manner of injury: Presumed killed during Flying Operations (How sustained)

Nature of injury....

Specify whether injury occurred in **industry, in home, or in public place:** In Public Place

Signed....M.D.

Address....**Date**....19....

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

A C Mitchell F/O
for (RCAF Records Officer)

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

....

(Voir l'autre côté pour le français)

23-4-42